

APR 12 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10675
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 203
 (b) Township Smithville Primary Registration District No. 4122 Registered No. 9
 (c) City Smithville (d) Street No. Smithville Mo. Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 19 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Garnden Point Mo St. ☐ Smithville Mo. Hospital
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Marion Hitt
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 1871
 7. AGE YEARS 68 MONTHS 8 DAYS 15 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Washer
 9. Industry or business in which work was done, as saw mill, bank, etc. ✓
 10. Date deceased last worked at this occupation (month and year) ✓ 11. Total time (years) spent in this occupation ✓
 12. BIRTHPLACE (CITY OR TOWN) Buchanan Co. Mo (STATE OR COUNTRY) Missouri
 13. NAME Robert Foster
 14. BIRTHPLACE (CITY OR TOWN) Roanoke Co. Virginia (STATE OR COUNTRY) 1
 15. MAIDEN NAME Nannie Duncan
 16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) 1
 17. INFORMANT (ADDRESS) William H. Foster
 18. BURIAL, CREMATION, OR REMOVAL PLACE Garnden Point DATE Mar 30, 1940
 19. FUNERAL DIRECTOR (NAME) Lucian Davis (ADDRESS) Dearborn Mo.
 20. FILED 3-30 1940 E.C. Hill Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1940
 22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1940, to March 29, 1940.
 Last saw him alive on March 29, 1940. Death is said to have occurred on the date stated above, at 12:30 am.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
121
 Other contributory causes of importance: Hypertension
Myocardial Insufficiency
 Name of operation ✓ Date of ✓
 What test confirmed diagnosis? Exams Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W.C. Spellman, M. D.
 1940 (Address) Smithville, Mo

RECEIVED
State Health Officer No. 8,
State File Number
4-9-40
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____,
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed W. B. Benton
Licensed Embalmer No. 3148
P. O. Address Benton mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.